

MILITARY POLICE VEHICLE REGISTRATION FORM

PRIVACY ACT STATEMENT

AUTHORITY: Title 5 U.S.C. Section 301; Title 10, U.S.C., Section 3013; and E.O. 9397.

PRINCIPLE PURPOSE: To assist the commander in carrying out effective law enforcement, traffic safety, and crime prevention programs; to ensure compliance with Highway Safety Program Standards (23 U.S.C. Section 402) applicable to federally administered areas; to provide management data on which to base crime prevention, selective enforcement, and improved driving safety.

ROUTINE USES: In addition to those disclosures generally permitted under Title 5, U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside DOD as a routine use pursuant to Title 5 U.S.C. 552a(b)(3). Information may be disclosed to state law enforcement and motor vehicle departments for ascertaining or disclosing driver information and/or accident reports.

DISCLOSURE: Voluntary. However, failure to furnish the requested information will result in the denial of Vehicle Registration and subsequent access to the Fort Leavenworth, Kansas military installation.

Name: _____ SSN: _____
Last First MI

Grade/Rank _____ Work Phone: _____

Organization: _____

Drivers License #: _____ State: _____ UIC: _____

Service: (Check One) ☐ US Army ☐ US Air Force ☐ USN ☐ USMC ☐ USCG Other: _____

Date of Birth: (yy/mm/dd) _____ Race: _____ Sex: ☐ Male ☐ Female

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Home Address (Include City State, Zip Code)
(If TDY at Ft LVN please give your local address)

Home Phone: _____

VEHICLE #1 INFORMATION

Vin: _____ **Date of Registration: (mm/dd/yyyy) _____

**Decal Number: _____ **Decal Expiration: (mm/dd/yyyy) _____

Vehicle Year: (yyyy) _____ Vehicle Make: (Ford, Toyota, etc) _____

Vehicle Model: (Escort, Celica, etc.) _____ Vehicle Body Style: (Sedan-2 door) _____

Vehicle Color: _____ Vehicle License Plate State: _____

Vehicle License Plate Year: (yyyy) _____ Vehicle License Plate Number: _____

Insurance Policy Number: _____

Insurance Company: _____

Insurance Expiration Date: (mm/dd/yyyy) _____ State Emissions Required: ☐ Yes ☐ No

**Signature of Applicant: _____ **Date: _____

****These fields will be left blank and will be filled out in the presence of the MP during registration. The remainder of this form must be completed in its entirety. Failure to complete all fields on the form may result in delay of registration process.**

VEHICLE # 2 INFORMATION

Vin: _____ ****Date of Registration:** (mm/dd/yyyy) _____

****Decal Number:** _____ ****Decal Expiration:** (mm/dd/yyyy) _____

Vehicle Year: (yyyy) _____ **Vehicle Make:** (Ford, Toyota, etc) _____

Vehicle Model: (Escort, Celica, etc.) _____ **Vehicle Body Style:** (Sedan-2 door) _____

Vehicle Color: _____ **Vehicle License Plate State:** _____

Vehicle License Plate Year: (yyyy) _____ **Vehicle License Plate Number:** _____

Insurance Policy Number: _____

Insurance Company: _____

Insurance Expiration Date: (mm/dd/yyyy) _____ **State Emissions Required:** ☐ Yes ☐ No

****Signature of Applicant:** _____ ****Date:** _____

VEHICLE #3 INFORMATION

Vin: _____ ****Date of Registration:** (mm/dd/yyyy) _____

****Decal Number:** _____ ****Decal Expiration:** (mm/dd/yyyy) _____

Vehicle Year: (yyyy) _____ **Vehicle Make:** (Ford, Toyota, etc) _____

Vehicle Model: (Escort, Celica, etc.) _____ **Vehicle Body Style:** (Sedan-2 door) _____

Vehicle Color: _____ **Vehicle License Plate State:** _____

Vehicle License Plate Year: (yyyy) _____ **Vehicle License Plate Number:** _____

Insurance Policy Number: _____

Insurance Company: _____

Insurance Expiration Date: (mm/dd/yyyy) _____ **State Emissions Required:** ☐ Yes ☐ No

****Signature of Applicant:** _____ ****Date:** _____